

EVALUATION OF PHASE I DEMONSTRATIONS OF THE PHARMACY QUALITY ALLIANCE

PHARMACIST SURVEY

Thank you for participating in this electronic survey. The primary purpose of the survey is to gain a better understanding of pharmacists' perspectives on the demonstration project. In addition, we seek to understand pharmacists' general beliefs about pharmacy quality improvement.

This is an independent evaluation funded by the Agency for Healthcare Research and Quality (AHRQ). ~~Individual responses will be kept confidential; private~~ Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c); results will only be shared in aggregate at the site level.

The survey should require approximately 30 minutes of your time. Please complete the survey by [date] and return via mail in the postage-paid enclosed envelope.

Return of the completed survey will serve as your implied consent to participate.

A. Respondent Characteristics

- Which of the following best describes your job?
 - Staff pharmacist
 - Pharmacy manager
 - Other: _____
- Which degree(s) do you hold: (select all that apply)
 - Doctor of Pharmacy (Pharm D)
 - Bachelors of Science in Pharmacy (BS Pharm)
 - Masters degree (MBA, MS, MPH, MSPH)
 - Other: _____

Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

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3. What year were you first licensed as a pharmacist? _____ years
4. How long have you been in your current position? _____ years
5. Which of the following best describes the pharmacy at which you work? (*select only one*)
 - Independent Community Pharmacy (<4 stores with same ownership)
 - Small Chain Community Pharmacy (4 to 10 stores with same ownership)
 - Large Chain Pharmacy (>10 stores with same ownership)
 - Mass Merchandiser (e.g., Target, Wal-Mart)
 - Supermarket Pharmacy (e.g., HyVee, Kroger, Safeway)
 - Other: _____
6. How many prescriptions are filled by your pharmacy on an average work day?
 - 25 or less prescriptions per day
 - 26-50 prescriptions per day
 - 51-100 prescriptions per day
 - 101-200 prescriptions per day
 - 201-300 prescriptions per day
 - More than 300 prescriptions per day
7. What is the total number of work hours completed by all PHARMACISTS at your site per workday? For example, if two pharmacists each work for 8 hours a day, then the total number of pharmacist work hours per day is 16.
 - 8 or less hours per day
 - 9-16 hours per day
 - 17-24 hours per day
 - 25-32 hours per day
 - 33-48 hours per day
 - More than 48 hours per day

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8. What is the total number of work hours completed by all PHARMACY TECHNICIANS at your site per workday? For example, if two technicians each work for 8 hours a day, then the total number of technician work hours per day is 16.

- 8 or less hours per day
- 9-16 hours per day
- 17-24 hours per day
- 25-32 hours per day
- 33-48 hours per day
- More than 48 hours per day

9. Does your pharmacy offer advanced services (i.e. immunizations, ostomy care, wound care, asthma or diabetes management, specialty pharmaceutical products)?

- Yes
- No

10. Did you participate in any other quality improvement initiatives before the PQA Phase I Demonstration Project?

- Yes- Please describe: _____
- No

11. Do you provide Medication Therapy Management (MTM) services to your patients?

- Yes
- No

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B. Performance Measure Evaluation

The next series of questions pertain to whether you believe each of the 15 PQA Performance measures is important to improving patient care, and whether you believe that you can improve your pharmacy’s performance on each measure.

PQA Measure	Is this measure important to improving patient care?	Do you believe that this measure provides you with enough information to intervene with physicians regarding your patients’ care?
1. Proportion of Days Covered: Beta Blockers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
2. Proportion of Days Covered: ACE Inhibitors/ARBs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
3. Proportion of Days Covered: Calcium Channel Blockers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
4. Proportion of Days Covered: Dyslipidemia Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
5. Proportion of Days Covered: Diabetes Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
6. Gap in Therapy: Beta Blockers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
7. Gap in Therapy: ACE Inhibitors/ARBs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
8. Gap in Therapy: Calcium Channel Blockers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
9. Gap in Therapy: Dyslipidemia Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
10. Gap in Therapy: Diabetes Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
11. Diabetes: Excessive Doses of Oral Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
12. Diabetes: Suboptimal Treatment of Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
13. Asthma: Suboptimal Control	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
14. Asthma: Absence of Controller Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
15. High-Risk Medications in the Elderly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
16. Summary values (6 aggregate measures)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

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12. Are there additional measures other than the 15 PQA performance measures that you believe ought to be included in pharmacy quality improvement initiatives? If so, please list what measures you suggest below.

C. Performance Reports

13. On a scale from 1 to 5, where 1 is “Strongly Disagree” and 5 is “Strongly Agree,” please check the extent to which you agree with the following statements. (*Please select one choice per statement*)

<i>PQA Phase I Demonstration project leaders sought your input in the design of the performance reports</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	Not applicable
<i>The reports were informative about your pharmacy's performance</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	Not applicable
<i>The reports were useful to identify areas to target for improvement</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	Not applicable
<i>The content of the reports was easy to understand</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	Not applicable
<i>The format of the reports was easy to read (considering the font size, layout, color scheme)</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	Not applicable
<i>The reports allowed you to see how you were doing compared to other pharmacies</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	Not applicable
<i>The reports were easy to access</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	Not applicable

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14. Did your PQA Phase I Demonstration site have a process by which participating pharmacists can inquire about the pharmacy performance reports, or request corrections or changes to the data presented?

- Yes
- No
- I don't know

15. What is your overall perception about the pharmacy performance report (check one)?

- Excellent
- Good
- Acceptable
- Not acceptable - Needs modest improvements
- Not acceptable - Needs significant improvements

16. What informational materials did you receive in advance of or along with your pharmacy's performance report? (select all that apply)

- Links to useful Internet websites
- Links to additional information on your organization's Intranet
- Informational brochure(s)
- Presentation slides or handouts
- Internet-based educational program (for example, via Web Ex)
- Articles from the published scientific literature
- Other: _____

17. Was a training program about the PQA Phase I Demonstration project offered to you?

- Yes
- No

18. If yes, did you participate in this training program?

- Yes
- No

19. The training materials provided were useful.

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

20. Did the training materials that you received provide you with sufficient information and guidance as to what actions you can take to improve pharmacy quality?

- Yes
- No

Incentives or Penalties

21. Were there any incentives to participate in the demonstration project?

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- Yes- Please list the incentive(s) here: _____
- No

22. These incentives increased my participation in the project.

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree
- Not applicable (no incentives)

23. Were there any negative consequences for non-participation or non-completion in the project?

- Yes- Please list the consequence(s) here:

- No

24. These negative consequences increased my participation in the project.

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree
- Not applicable (no negative consequences)

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D. Barriers and Beliefs about Pharmacy Quality

25. On a scale from 1 to 5, where 1 is “Not a barrier at all” and 5 is “Significant barrier” to participating in pharmacy quality measurement, please check the extent to which you believe that each item below is a barrier to implementing pharmacy quality programs: (*select one choice per statement*)

Limited training about how to use the pharmacy performance reports	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Limited training about the field of quality measurement and improvement	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Lack of organizational support	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Lack of time	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Pharmacy technicians not engaged in quality improvement activities	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Not compensated for quality improvement activities	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Fear of making a medication error if quality improvement tasks interrupt workflow	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Frequent job interruptions make it difficult to focus on quality improvement tasks	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Pharmacists do not have sufficient legal authority to change prescriptions	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply
Physicians are not engaged in pharmacy quality programs	1	2	3 Somewhat of	4	5 Significant	I don't know	Does not apply

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	Not a barrier at all	2	a barrier	4	barrier		
Product shortages could impact performance results by leading to perceived gaps in therapy	1 Not a barrier at all	2	3 Somewhat of a barrier	4	5 Significant barrier	I don't know	Does not apply

26. How would you rate your readiness to engage in pharmacy quality improvement outside of the PQA Phase I Demonstration project?

- I am not ready to engage in pharmacy quality improvement outside of the PQA Phase I Demonstration project
- I am considering ways that I may engage in pharmacy quality improvement outside of the PQA Phase I Demonstration project but I am not ready to engage in these just yet
- I am ready to engage in pharmacy quality improvement outside of the PQA Phase I Demonstration project
- I am already engaged in pharmacy quality improvement outside of the PQA Phase I Demonstration project

27. On a scale from 1 to 5, where 1 is “Strongly Disagree” and 5 is “Strongly Agree,” please check the extent to which you agree with the following statements: (*select one choice per statement*)

<i>Pharmacists should play a role in improving the quality of medication prescribing</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know
<i>Pharmacists need to broaden their responsibilities by taking on roles in quality and performance improvement projects</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know
<i>Pharmacists should take on leadership roles in quality improvement activities</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know
<i>Participation in this project resulted in an increased interest in quality improvement in my organization</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know
<i>Pharmacists need a financial incentive in order to engage in quality improvement</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know
<i>Pharmacists should be rewarded for achieving success with the pharmacy quality measures</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know

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<i>Pharmacists must be required (e.g. by law, regulation or accreditation) to participate in quality improvement initiatives</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know
<i>In general, I feel empowered to improve pharmacy quality</i>	1 Strongly Disagree	2	3 Neutral	4	5 Strongly Agree	I don't know

28. Are there other barriers to pharmacy quality initiatives that are not listed above?

29. What is your overall perception of the PQA Phase I Demonstration project?

<i>Your overall perception of the PQA Phase 1 Demonstration project:</i>	1 Un-favorable	2	3 Neutral	4	5 Favorable	I don't know
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30. Do you have any final suggestions and/or comments regarding the PQA Phase I Demonstration Project?